

S. No. 2
4-5-42
15-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35380

State File No.

FILED NOV 10 1943/9

Registrar's No. 54

Registration District No. 319

Primary Registration District No. 6078

95
0
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. GENEVIEVE

(b) City or town RURAL JACKSON TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. GENEVIEVE

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson Twp.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME IDA LEE SCOTT

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 26 TH
year 1943 hour 11 minute 30 A.M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife OTIS SCOTT 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased JUNE 2 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71 4 24 hr. min.

Immediate cause of death ACCIDENTAL TRAUMATISM

Due to AUTOMOBILE ACCIDENT

9. Birthplace CRAWFORD CO MO 0
(City, town, or county) (State or foreign country)

Due to.....

Other conditions (include pregnancy within 3 months of death) 1902-8

10. Usual occupation HOUSEWIFE

Major findings: Of operations..... Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name JERAL CHANDLER

{ 13. Birthplace CRAWFORD CO MO 0
(City, town, or county) (State or foreign country)

{ 14. Maiden name LULU EVANS

{ 15. Birthplace CRAWFORD CO MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant Otis Scott

(b) Address Blumville Mo

17. (a) Burial (b) Date thereof 10-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Central Post

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT

(b) Date of occurrence OCT. 26-1943 095

(c) Where did injury occur? JACKSON TWP, ST. GENEVIEVE, MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
ON MO. STATE HIGHWAY # 25

While at work? no (Specify type of place) County Highway
(e) Means of injury

18. (a) Signature of funeral director W. P. Sparks

(b) Address Pataskala Mo

19. (a) Oct 27 1943 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

23. Signature Wm Stanton 3 (M. D. or other) Colonel

Address St Genevieve Mo Date signed 10/27-43

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RECEIVED

District Health Officer No. 4
District File Number 1143-289
Date Filed 11-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Everett Sparks
Licensed Embalmer No. 4287
P.O. Address Flot River M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.